



STATE OF MARYLAND

DMMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Preparedness & Response

Sherry Adams, R.N., C.P.M., Director

Isaac P. Ajit, M.D., M.P.H., Deputy Director

January 29, 2010

Public Health & Emergency Preparedness Bulletin: # 2010:03 Reporting for the week ending 01/23/10 (MMWR Week #03)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

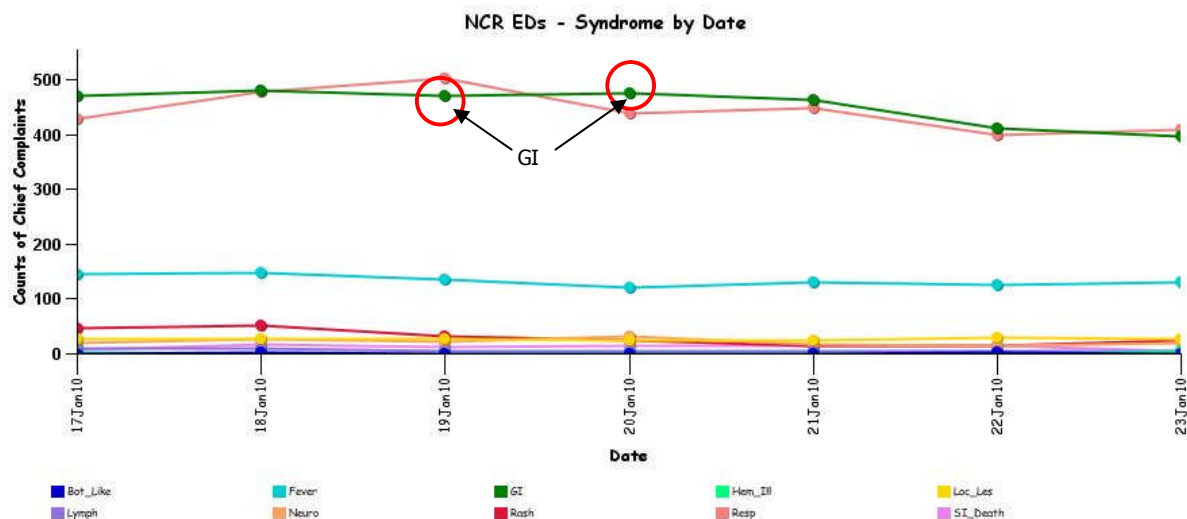
SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled.

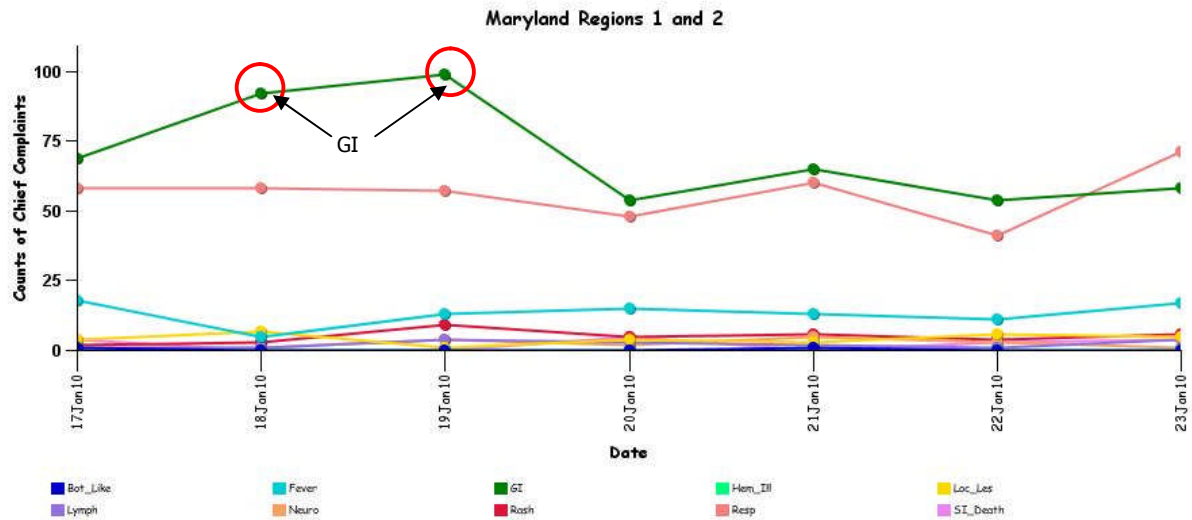
Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

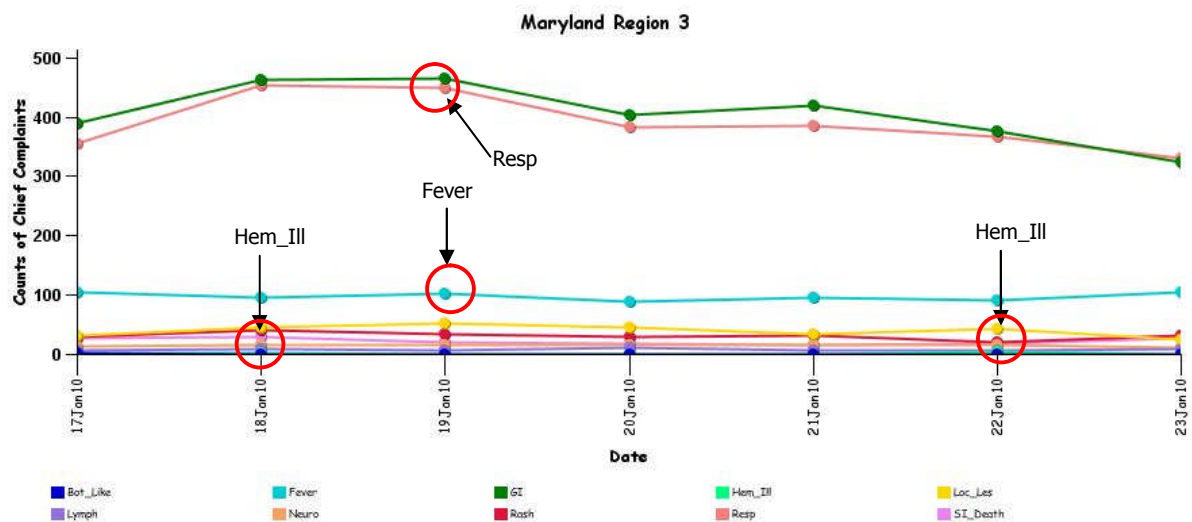


* Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

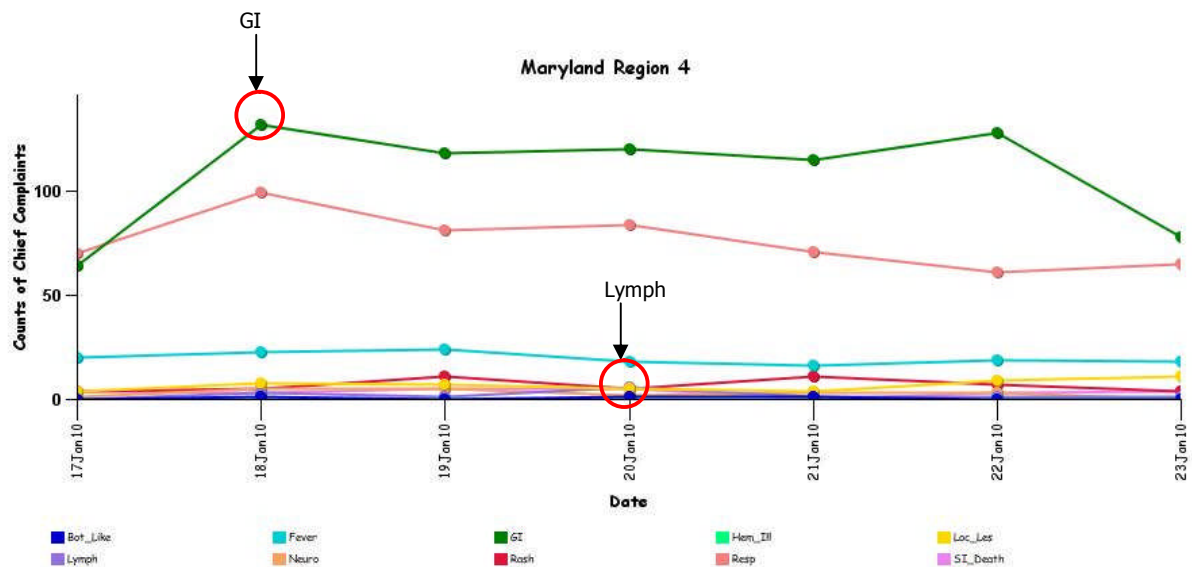
MARYLAND ESSENCE:



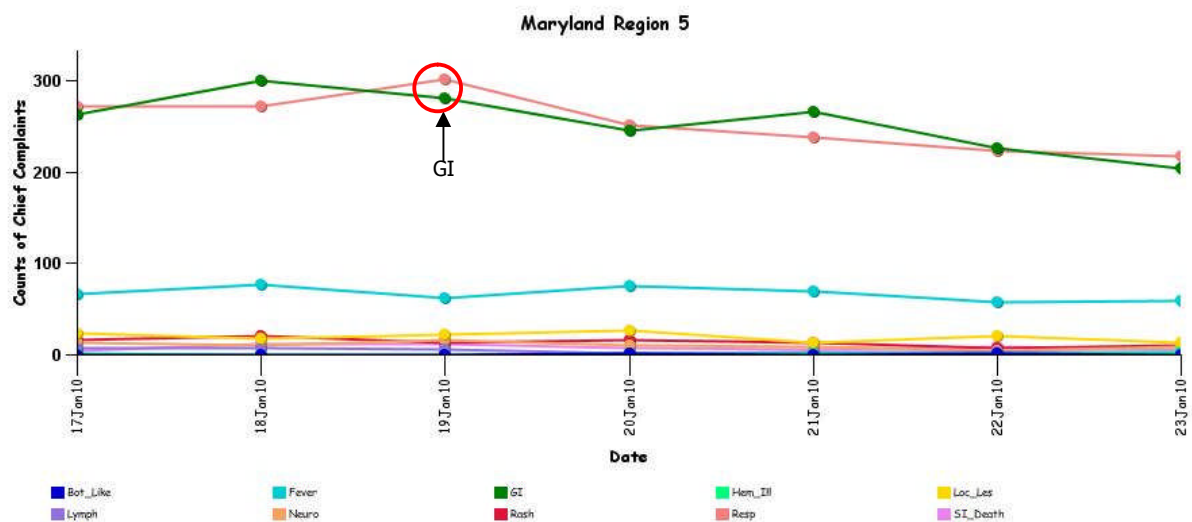
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore city, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



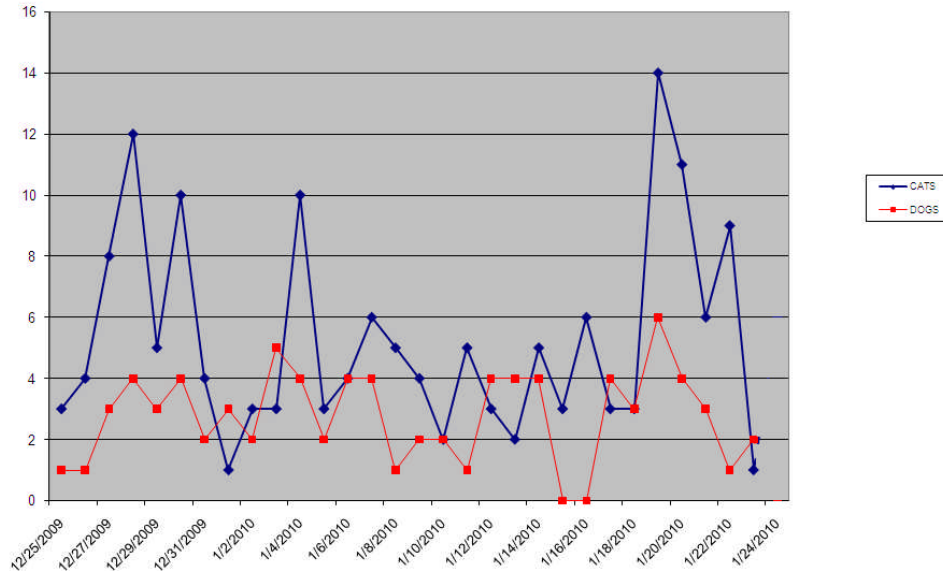
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

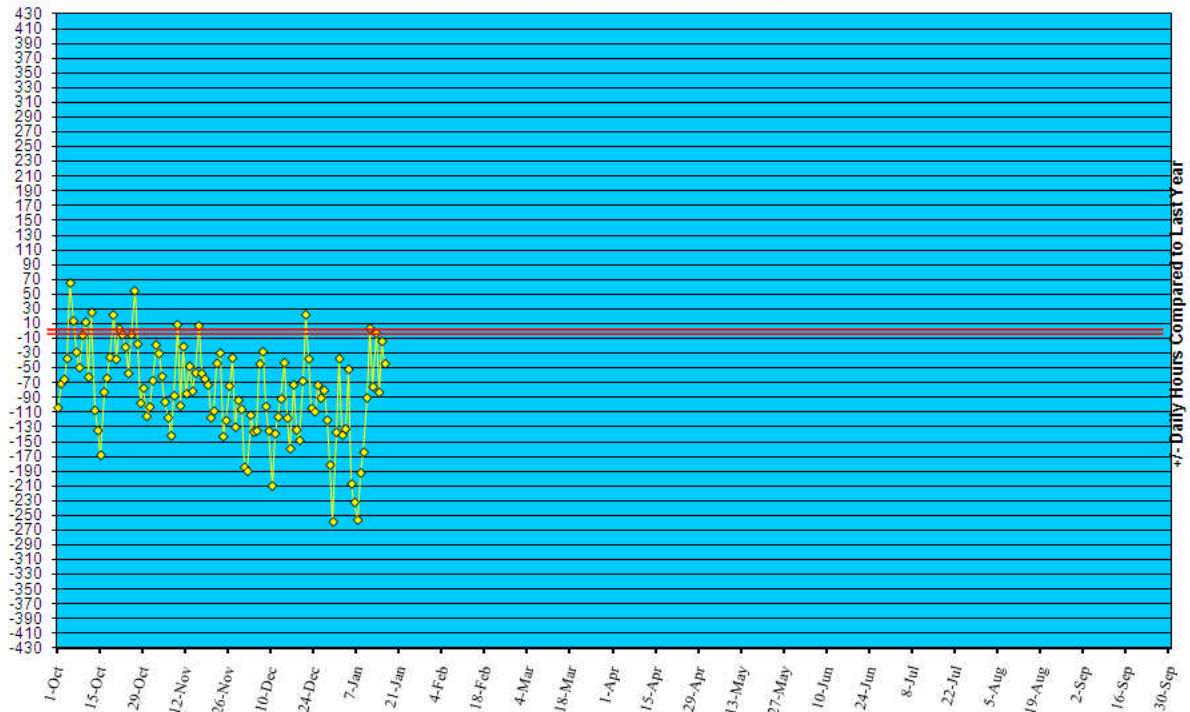
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/09.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '09 to January 16, '10



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in December 2009 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Jan 17- Jan 23, 2010):	06	0
Prior week (Jan 10- Jan 16, 2010):	17	0
Week#03, 2009 (Jan 18- Jan 24, 2009):	05	0

OUTBREAKS: 6 outbreaks were reported to DHMH during MMWR Week 03 (January 17 - January 23, 2010):

4 Gastroenteritis outbreaks

3 outbreaks of GASTROENTERITIS in Nursing Homes
1 outbreak of GASTROENTERITIS in a school

1 Respiratory illness outbreak

1 outbreak of PNEUMONIA in an Assisted Living

1 Rash illness outbreak

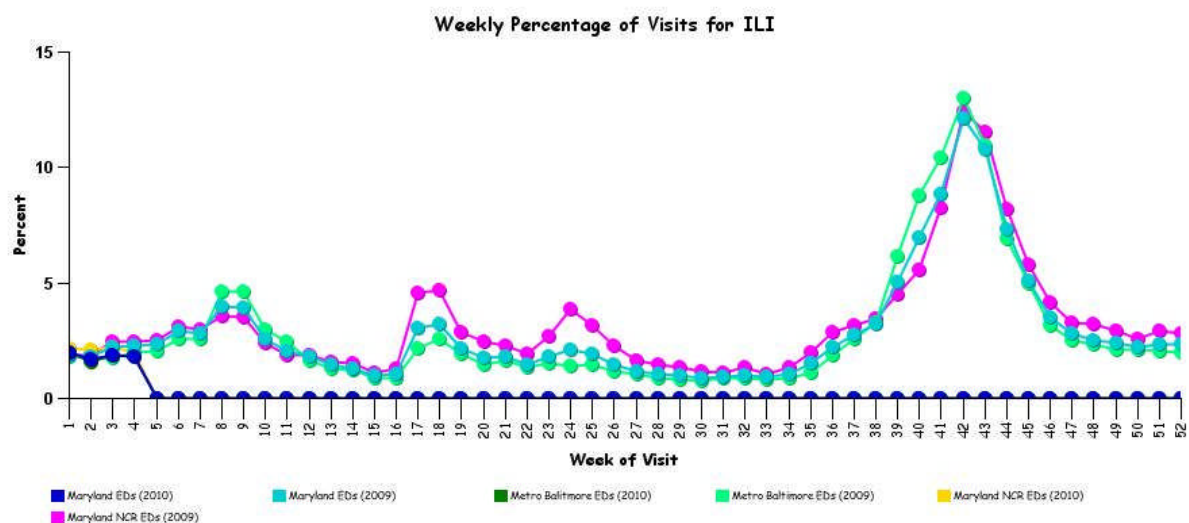
1 outbreak of SCABIES in a Daycare

MARYLAND INFLUENZA STATUS: Influenza activity in Maryland for Week 03 is SPORADIC.

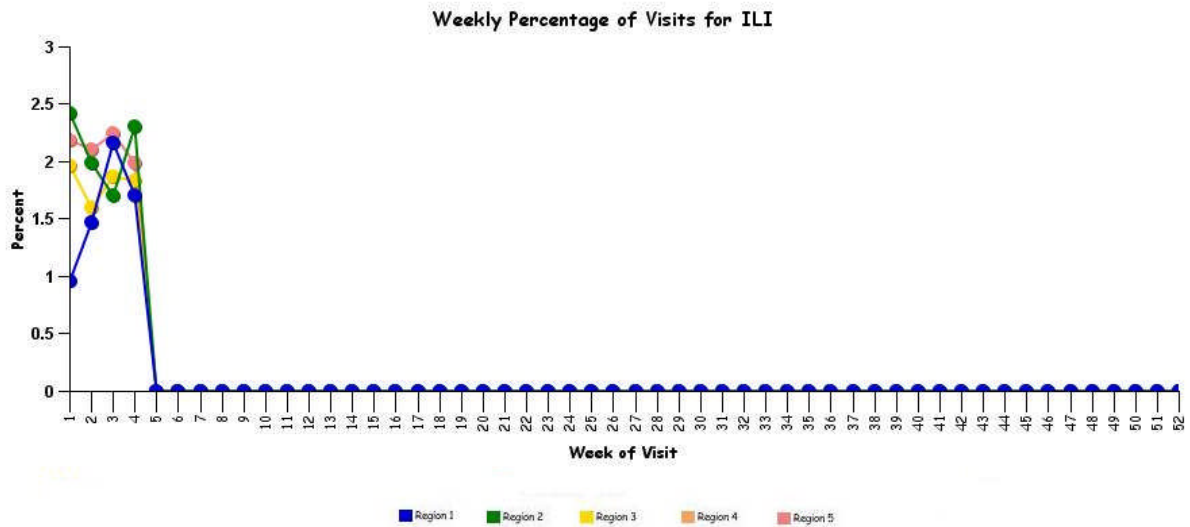
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



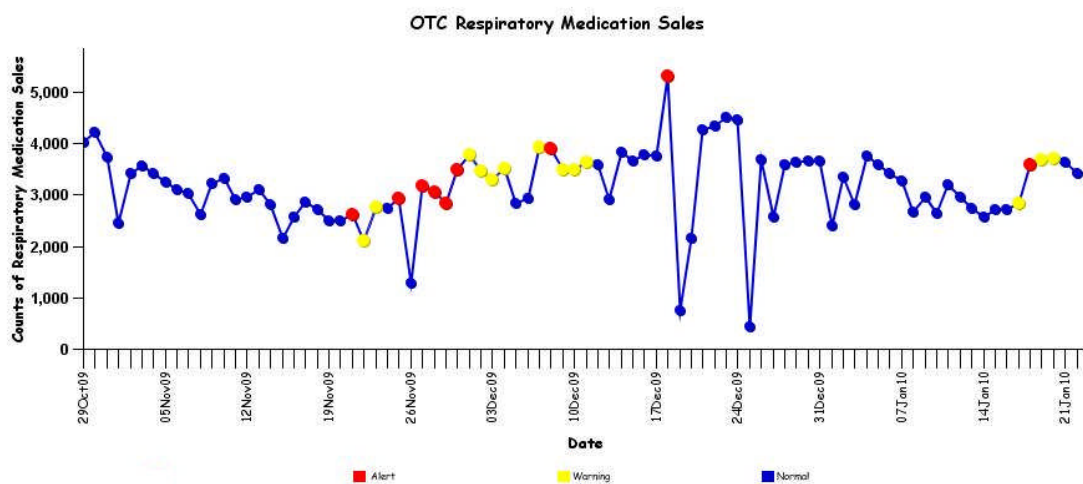
* Includes 2009 and 2010 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2010 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE:

WHO Pandemic Influenza Phase: Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

US Pandemic Influenza Stage: Stage 0: New domestic animal outbreak in at-risk country

****More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:**
[http://preparedness.dhmm.maryland.gov/Docs/PandemicInfluenza/PandemicInfluenzaResponseAnnex\(Vers7.2\).pdf](http://preparedness.dhmm.maryland.gov/Docs/PandemicInfluenza/PandemicInfluenzaResponseAnnex(Vers7.2).pdf)

AVIAN INFLUENZA-RELATED REPORTS:

WHO update: As of December 30, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 467, of which 282 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

AVIAN INFLUENZA, HUMAN, 91ST CASE (EGYPT): 20 Jan 2010, A 20 year old woman began experiencing symptoms [of avian influenza (H5N1) virus infection] on 6 Jan 2010. She had been admitted to Beni Suef Chest Hospital on 15 Nov 2009. Her family reported she had contact with sick and dead poultry. She was reported to be in a stable condition on 13 Jan 2010. The MOH [Ministry of Health] reported that this was the 91st case of highly pathogenic avian influenza [H5N1 virus infection] in Egypt.

H1N1 INFLUENZA (Swine Flu):

INFLUENZA PANDEMIC (H1N1, PAHO UPDATE): 21 Jan 2010, In Canada, in EW 1 [epidemiological week 1 (3-9 Jan 2010)], the national influenza-like illness (ILI) consultation rate decreased as compared to EW 52 [2009] and remained below the historical average. The overall number of hospitalizations, ICU [intensive care unit] admissions, and deaths associated with the pandemic virus remained low, as compared to the levels seen in October and November 2009. A total of 10 oseltamivir-resistant isolates have been detected since April 2009. In Mexico, from EW 51 to EW 52 [2009], there was a 19 per cent decrease in the number of ILI and severe acute respiratory illness (SARI) cases, and activity has now been decreasing for 10 consecutive weeks.

In the United States, the proportion of outpatient consultations for ILI decreased in EW 01 and fell below the national baseline. Just one of 10 sub-national surveillance regions reported the proportion of outpatient visits for ILI to be above its region-specific baseline. Laboratory-confirmed influenza hospitalization rates remained stable but high, especially in children 0-4 years of age. The proportion of deaths attributed to pneumonia and influenza remained below the epidemic threshold. A total of 7 influenza-associated pediatric deaths were reported, of which 6 were associated with the pandemic virus. A total of 52 oseltamivir-resistant isolates have been detected since April 2009.

Caribbean: These countries reported variable spread of influenza and decreasing or unchanged trends in acute respiratory disease. The Bahamas and Dominica reported low/moderate intensity of acute respiratory disease, however Belize reported high intensity. Low and moderate impact of acute respiratory disease on health care services was reported by these countries. Of note, Dominica continued to report no influenza activity.

Central America: Costa Rica and Panama reported widespread influenza activity, decreasing trends in acute respiratory disease, low/moderate intensity of acute respiratory disease, and low impact of acute respiratory disease on health care services.

South America -- Andean: Influenza activity was reported as widespread in Ecuador and Venezuela, localized in Colombia, and with no activity in Bolivia. Acute respiratory disease trends were reported mostly as decreasing or unchanged. The intensity of acute respiratory disease and the impact of acute respiratory disease on health-care services were reported as low or moderate for these countries.

South America -- Southern Cone: Influenza activity was reported as regional in Brazil and Chile, and localized in Paraguay. The trends of acute respiratory disease were reported as increasing in Paraguay, decreasing in Brazil, and unchanged in Chile. These countries reported low/moderate intensity of acute respiratory disease, and low impact of acute respiratory disease on health care services. Paraguay (EW 01) reported an increased number of consultations for ILI and SARI (21.9 per cent and 46.3 per cent, respectively) as compared to EW 52 [2009]. Eleven of 17 departments reported increasing trends of acute respiratory disease, and 15 of 17 departments reported high or very high intensity of acute respiratory disease. According to the latest data available for Argentina and Chile (EW 51 and EW 52, respectively), these countries had a low incidence of ILI (0.4 and 1.3 per 100 000 population, respectively). In Argentina, this incidence has remained under the epidemic threshold for 12 consecutive weeks.

Resources:

<http://www.cdc.gov/h1n1flu/>

<http://www.dhmd.maryland.gov/swineflu/>

NATIONAL DISEASE REPORTS

No new disease outbreaks related to CDC Critical Biological Agents were reported for MWWR week 03.

INTERNATIONAL DISEASE REPORTS

ANTHRAX (UNITED KINGDOM -SCOTLAND): 22 Jan 2010, A further case of anthrax has been confirmed in a drug user in Scotland, bringing the total number of cases in this outbreak to 15. The new case of the potential killer was confirmed to have taken place in the National Health Service (NHS) Ayrshire and Arran area. So far, the number of anthrax related deaths stands at 7 with cases confirmed in 6 NHS boards. Investigations are continuing into whether contaminated heroin or a cutting agent may be responsible. Dr Colin Ramsay, consultant epidemiologist at Health Protection Scotland, said: "Heroin users all across Scotland need to be aware of the risk that their supply may be contaminated. They should seek medical advice urgently if they experience signs of infection such as redness and swelling of an infection site or high fever. I would urge all drug users to stop using heroin immediately and contact local drug services for support." In addition, any users who continue to inject heroin are strongly recommended not to re-use filters, but to use a fresh filter each time they inject. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, BOVINE (ARGENTINA): 18 Jan 2010 On an Aberdeen Angus cattle breeding estancia in the partido of Azul, 4 adult cattle died suddenly and without prior signs. The mother of the owner handled the carcasses without gloves and developed a cutaneous lesion on her hand. Since 2004, the partido has had an integrated awareness and response program for all anthrax events. The integrated public health response was rapid, and within 12 hours, all exposed persons received antibiotics, and the carcasses were processed in the standard fashion and covered with lime and a thick plastic tarpaulin. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmd.maryland.gov/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Sadia Aslam, MPH
Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-2074
Fax: 410-333-5000
Email: SAslam@dhmd.state.md.us